

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J		11/08/01
O.I.P.E. CLASSIFIER		10	11-13-01
FORMALITY REVIEW	Chc	946	11/26/01
RESPONSE FORMALITY REVIEW	MD	955	03-20-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	11/08/01
2	11/13/01
3	11/17/01
4	03/04/02
5	✓
6	✓
7	✓
8	✓
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If more than 150 claims or 10 actions  
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